

238980

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for Class C Charter Certificate from
William F. Howes dba Carolina Safari Jeep Tours

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2012 - 327 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: William F. Howes

Telephone: 843-497-5330

Address: 3454 Cormorant Cove Drive

Fax: 843-488-2189

Jacksonville, Fla. 32223

Other:

Email: howes_w@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input checked="" type="checkbox"/> Other: expedite please! |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: September 6, 2012

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

William Frederic Howes d/b/a Carolina Safari Jeep Tours

530 Lake Arrowhead Road Myrtle Beach, SC 29572

Street Address of Applicant

3454 Cormorant Cove Drive Jacksonville, Florida 32223

Mailing Address of Applicant (if different from street address)

(843) 497-5330

Phone

843 488-2189

Fax

Howes_w@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month September Year 2012

Assets:

Cash	\$10,000
Receivables	-
Real Estate	-
Buildings and Equipment (Net)	-
Motor Vehicles (Net)	\$25,000 (1)
Garage Equipment (Net)	-
Machinery and Tools (Net)	-
Supplies on Hand	-
Prepays and Other Assets	
Total Assets*	\$35,000
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	n/a

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$42 dollars for standard trip

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input checked="" type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input checked="" type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of ~~seats~~**seats** in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Jeep	1983 CJ8	1JCCN88E7D004692	3200 lbs.

INSURANCE QUOTE

THIS FORM MUST BE COMPLETED AND SUBMITTED BY AN APPLICANT. THIS FORM IS NOT TO BE COMPLETED BY THE APPLICANT'S EMPLOYER. THE APPLICANT MUST BE COMPLETE, LISTING ALL CURRENT EMPLOYERS. NO TWO COPIES OF THE APPLICATION - COPY OF CURRENT INSURANCE POLICIES MAY BE REQUIRED. DO NOT PROVIDE A COPY OF INSURANCE POLICIES UNLESS REQUESTED. YOU WILL NOT BE REQUIRED TO PURCHASE INSURANCE UNTIL YOUR APPLICATION HAS BEEN APPROVED AND AN ORDER HAS BEEN ISSUED BY THE PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

William Hunter, JR. Carolina Safari Jeep Tours Inc.
Name of Applicant

Address of Applicant

Смешанные и С. Космические

Liberty, Equality, Fraternity

Liability Insurance \$ 300,000

Limite

The above quoted premium is for a term of 12 months. (Attached)

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

(2-15 Passengers) \$ 25,000/100,000/25,000

▪ **Passengers** = Number of seatbelts in the vehicle, including the driver's seatbelt

NAME: ^{American} Zurich Ins. Company PO Box 16509 Greenville SC 29606
Home Office Address of Company

meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9/6/12
Date

(Bethel & Bethel Ins. Co.)
Authorized Insurance Company Representative's Signature *Latta*

NOTICE:

NOTICE: ~~It is the policy of the State of Georgia to maintain the confidentiality of records created pursuant to the Freedom of Information Act (FOIA) in accordance with the provisions of the Act. Records created pursuant to the Act are exempt from public release under FOIA, and are not to be released to the public. Records created pursuant to the Act are exempt from public release under FOIA, and are not to be released to the public. Records created pursuant to the Act are exempt from public release under FOIA, and are not to be released to the public.~~ **Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vielda Coker with the Department of Motor Vehicles at (803) 896-8457.**

If you are unable to get insured for medical expenses through your employer's plan, you may want to do so with the South Carolina Workers' Compensation Commission (WCC) provided that you will not have any other private health insurance coverage. The WCC provides a variety of self-insurance options for workers who are unable to obtain coverage through their employers. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

ACORD

INSURANCE BINDER

DATE (MM/DD/YY)
09/06/12

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER	PHONE (A/C, No EXT)	COMPANY	BINDER #
MARKET FINANCIAL INSURANCE GROUP 9117 Leesgate Rd. Louisville Ky 40222		ZURICH AMERICAN INS CO IL	BAP083879900
		EFFECTIVE DATE	EXPIRATION DATE
		09/06/2012	11/01/12

CODE:	SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXISTING POLICY #
AGENCY CUSTOMER ID: MYRTLE		DESCRIPTION OF OPERATION/NO INDEMNITY (including Location) AS PER ATTACHED SCHEDULE F
CANNON BROS & SONS INC 530 LAKE ARROWHEAD ROAD MYRTLE BEACH, SC 29577		

COVERAGES	LIMITS
<p>PROPERTY CAUSES OF LOSS</p> <p><input type="checkbox"/> BURGLARY <input type="checkbox"/> THEFT <input type="checkbox"/> VANDALISM</p> <p>(NO FLAT CANCELLATION)</p> <p>GENERAL LIABILITY</p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR</p> <p><input type="checkbox"/> OWNERS & CONTRACTORS PROT</p> <p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> BODILY INJURY</p> <p><input type="checkbox"/> PROPERTY DAMAGE</p> <p><input type="checkbox"/> MEDICAL PAYMENTS</p> <p><input type="checkbox"/> PERSONAL AUTO</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p> <p><input type="checkbox"/> HIREN</p> <p>ALL PHYSICAL DAMAGE</p> <p><input checked="" type="checkbox"/> COLLISION DEDUCTIBLE 1,000</p> <p><input checked="" type="checkbox"/> OTHER THAN COL</p> <p>GARAGE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p> <p>SALES LIABILITY</p> <p><input type="checkbox"/> OTHER THAN UMBRELLA FORM</p> <p>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</p>	<p>RETRO DATE FOR CLAIMS MADE</p> <p>NO FLAT CANCELLATION</p> <p>GENERAL LIABILITY</p> <p>PERSONAL & AUTO INJURY</p> <p>EACH OCCURRENCE</p> <p>FIRE DAMAGE (ANY ONE FIRE)</p> <p>THEFT (ANY AND ALL)</p> <p>COMBINED SINGLE LIMIT \$ 300,000</p> <p>BODILY INJURY (Per person)</p> <p>PROPERTY DAMAGE (Per person)</p> <p>PROPERTY DAMAGE</p> <p>MEDICAL PAYMENTS</p> <p>PERSONAL AUTO LIMIT</p> <p>NON-OWNED MOTORIST</p> <p>NON-OWNED MOTORIST</p> <p>ACTUAL CASH VALUE</p> <p>STATED AMOUNT \$ 10,000</p> <p>OTHER</p> <p>AUTO ONLY-ACCIDENT</p> <p>OTHER THAN AUTO ONLY</p> <p>EACH ACCIDENT</p> <p>SALES LIMIT</p> <p>EACH OCCURRENCE</p> <p>SALES LIMIT</p> <p>SELF INSURED RETENTION</p> <p>SALES LIMIT</p> <p>EACH ACCIDENT</p> <p>DISEASE-POLICY LIMIT</p> <p>DISEASE-EACH EMPLOYEE</p>

CONDITIONS/ OTHER COVERAGES	TOTAL PREMIUM: \$3,850.00
NAME & ADDRESS	

MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED
SIGNATURE	
AUTHORIZED REPRESENTATIVE	

Exhibit Fit, Willing, and Able (FWA)

William Frederic Howes

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

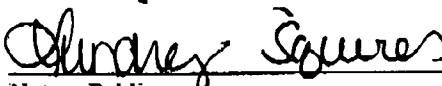
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Horry)

SWORN TO BEFORE ME
This 10th day of September, 2012


Notary Public

My Commission Expires January 31, 2017
Commission Expires _____

